



FROM OUR U.S. CALLCENTER,
YOUR PEACE OF MIND IS
OUR DAILY MISSION!

United Telecare

P.O. Box 174 • Aurora Minnesota 55705 USA
• 218-550-5005
www.UnitedTelecare.com

Use This Form To Gather The Information You Will Need To Complete The Online Registration To Use Our "Daily Independent Care Program"

1. How many weeks would you like to sign up for this service:

-1 Week -2 Weeks -3 Weeks -4 Weeks -8 Weeks -12 Weeks

2. How many calls per day: -1 Call -2 Calls -3 Calls

3. What date would you like to have calls started: _____
(Please allow 3 days for account set-up)

4. Person ordering this service: *As the person ordering the service you are the person responsible for the account and with whom our office will communicate about business matters.*

Your E-Mail Address: _____

Note: Your E-mail account is important as we will send you a confirmation email which will also give you important information like your "Account Number", "User Name", and a "Temporary Password" which will allow you to log into your on-line profile.

5. TDA Code: _____

(If you have a United Telecare brochure or business card, look to see if there is a code marked "TDA" or TDA Code". If so, please enter the code in the space provided above, otherwise leave this line blank.)

6. Person for whom this service is being ordered for:

First Name: _____ MI: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Time Zone: _____

7. Daily Call Time Window: *This will set the default time(s) on your daily call(s). The first call of the day needs to be the earliest and for those requesting multiple calls per day; the last call needs to be the latest call of the day. You will be able to login to your on-line account and adjust the individual time windows or cancel individual calls. (Please enter 1:00pm to 2:00pm for example)*

We will make every effort to get the calls to arrive within the time frame(s) you select.

Call 1: _____ Call 2: _____ Call 3: _____

8. Longer Ring Time: *If this person has a medical condition that our operators should be aware of that may cause them to require more time to answer their phone, please describe below:*

9. No Answer Procedure: *We make calls for a wide range of reasons. We may be just calling for a family member to make daily contact. We may be calling to make sure that they are OK as an augment to a panic button system or to provide reminders to take medication during the day.*

What would you like our operators to do if they Do Not get an answer: *

- Do nothing, just log the call.
- Wait 5 minutes and try the call again 1 more time. If no answer, do nothing, just log the call.
- Immediately notify someone on the notification list.

- Wait 5 minutes and try the call again 1 more time. If no answer notify someone on the notification list.
- Wait 30 minutes and try the call again 1 more time. If no answer notify someone on the notification list.

10. About the person being called: *Please tell us a little about this person so our operators can better get to know them (Pets, hobbies etc):**

11. Short Reminder: *(Optional) If needed you can provide a short (40 words max) reminder that our operator will pass on when they call. This is for reminders such as, to take a special medication today, or that a visitor is stopping by today or to remind of an appointment today. The field(s) below will allow you to setup the default reminder(s). After you have finished this application you can add, edit or remove individual daily call reminder(s) from within your on-line account whenever the need arises, as long as it is at least 24 hours prior to the time of the reminder.*

Note: If you do not have any special reminders at this time, leave the fields below blank.

- Daily Call #1 Reminder:** _____
- Daily Call #2 Reminder:** _____
- Daily Call #3 Reminder:** _____

12. Notification List: *If you have instructed us to call down the contact list if we do not get an answer or encounter a problem when calling, the list below is where you can designate this contact list. Should our operators not be able to make contact with anyone on the list, they will call the person ordering this service, even if they are not part of the notification call tree.*

Should you provide special instructions below, such as calling their local fire or police service, you will need to provide their long distance direct dial numbers in the contact list. You will also be responsible for any charges that arise from the use of that service.

	Name	Day Phone	Evening Phone	Cell Phone
Primary Contact:		()	()	()
2nd Contact:		()	()	()
3rd Contact:		()	()	()
4th Contact:		()	()	()
5th Contact:		()	()	()
6th Contact		()	()	()

13. Special Instructions: *Please enter any special instructions you might have that have not been covered in the application.*

14. Final Step: Payment: *Once you have completed the application, the only thing remaining is to pay for the service. Do not forget to check your e-mail. You should receive an e-mail containing your on-line account access codes, and other important information. Please print the e-mail and keep it in a safe place.*

Need Help: *Should you need help or have any questions regarding this form or registering to use this service online, please contact the local independent sales agent or the local retailer that provided you this form.*

If you printed this form from our website, or you need additional help, please feel free to call our main office directly at 1-218-550-5005.

Thank you,

Your friends at United Telecare